



Division of Motor Carriers

Assumed Name Registration for Sole Proprietor Applicant

ASSUMED NAME REGISTRATION

Return to:

Kentucky Transportation Cabinet
Office of Legal Services
200 Mero Street
Frankfort, KY 40622
(502) 564-7650

Pursuant to the provisions of **KRS 365.015**, the undersigned applies to assume a name and, for that purpose, submits the following statement:

1. The assumed name is: _____
2. The legal name of the individual adopting the assumed name is: _____

3. The street address is: _____

City _____ County _____ State _____ ZIP _____

4. The mailing address is: _____

City _____ County _____ State _____ ZIP _____

I declare under penalty of perjury under the laws of Kentucky that the foregoing is true and correct.

Signature _____

Print name _____ Date _____

THIS SIGNATURE SHALL BE NOTARIZED.

STATE OF _____

COUNTY OF _____

Subscribed and sworn to before me on this the _____ day of _____ 20 ____.

Notary Public _____

My commission expires on _____.

Each certificate of assumed name for an individual shall be filed with the county clerk where the person maintains his or her principal place of business.

An assumed name shall be effective for a term of five (5) years from the date of filing and may be renewed for successive terms upon filing a renewal certificate within six (6) months prior to the expiration of the term, in the same manner of filing the original certificate of assumed name.